የኢትየጵያ የምግብ፤ የመድሃኒትና የጤና ክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን

የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ለመቆጣጠር የወጣ መመርያ

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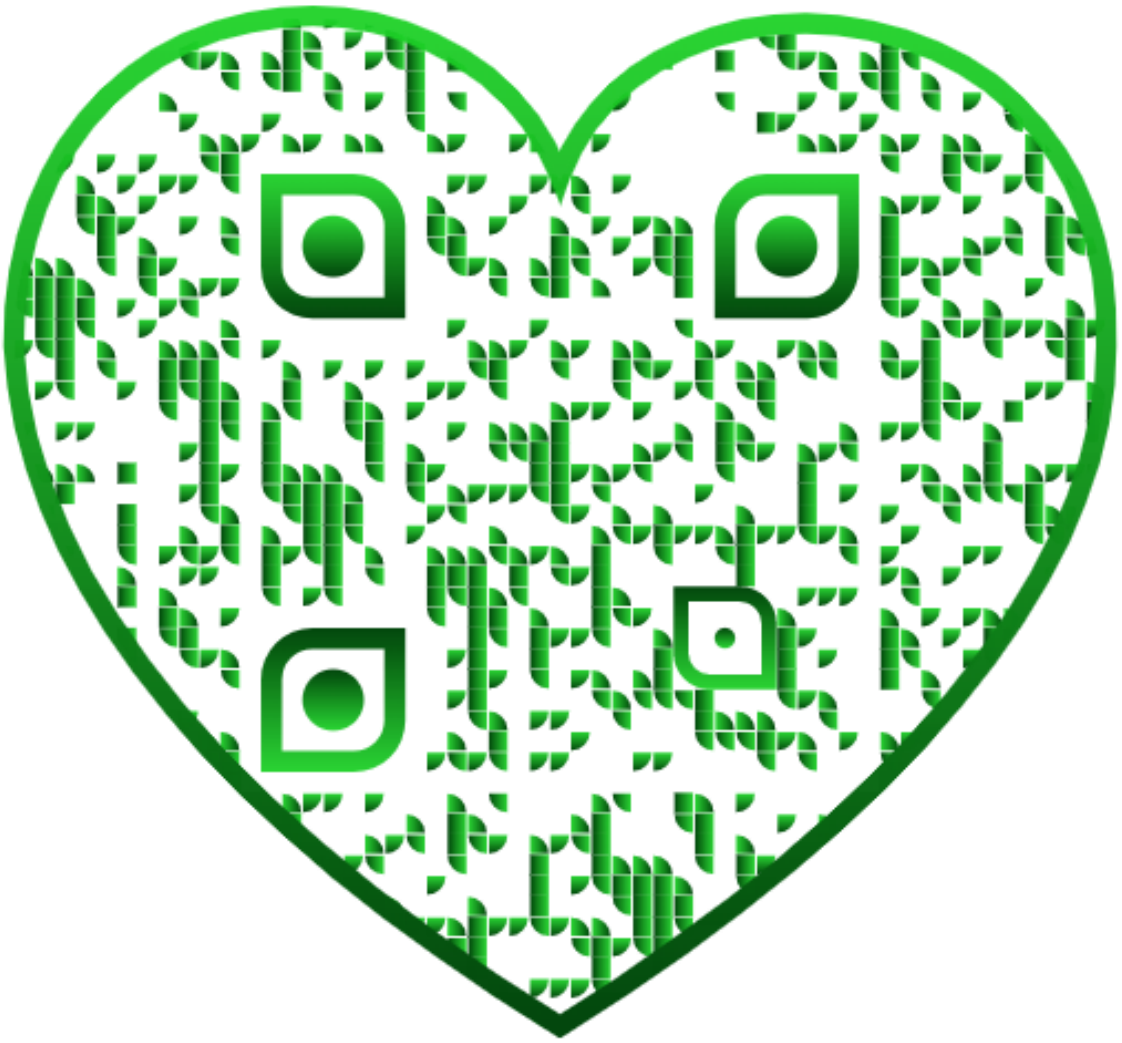
አዲስ አበባ

ህዳር 2006ዓ.ም



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13. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ነጥረ ነገረ የማዘዣ ወረቀት ሪከርድ አያያዝና ሪፖርት አላላክ……7
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መግቢያ

በሁሉም የጤና ተቋም የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አጠቃቀም ተመሳሳይ ማድረግ በማስፈለጉ፤

ህግ ወጥ የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር አስተዛዘዝ፣ እደላና አጠቃቀምን መከላከል አስፈላጊ በመሆኑ፤

የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀት ህትመት፣ ስርጭትና አያያዝ ስርዓት ባለው መንገድ ማከናወን እና አስተማማኝ የሆነ የማዘዣ ወረቀት ቁጥጥር ስርዓት መዘርጋት አስፈላጊ ሆኖ በመገኘቱ፤

የምግብ፣ የመድኃኒትና የጤና ክብካቤ አስተዳደርና ቁጥጥር አዋጅ ቁጥር 661/2002 አንቀፅ 55 (3) መሰረት ይህ መመሪያ ወጥቷል፡፡

ክፍል አንድ

ጠቅላላ

1. አጭር ርዕስ

ይህ መመሪያ "የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ለመጠቆማጠር" የወጣ መመሪያ ቁጥር 369/2013 ተብሎ ሊጠቀስ ይችላል።

2. ትርጓሜ

የቃሉ አገባብ ሌላ ትርጓሜ የሚያሰጠው ካልሆነ በስተቀር በዚህ መመሪያ ውስጥ፤

1) "ናርኮቲክ መድኃኒት" ማለት ኢትዮጵያ በተቀበለችው የተባበሩት መንግስታት ድርጅት የናርኮቲክ መድኃኒቶች ቁጥጥር ስምምነት መሰረት አለም አቀፍ ቁጥጥር የሚደረግበት መድኃኒት ሲሆን ባለስልጣኑ የናርኮቲክ መድኃኒት ብሎ የሚሰይመውንም ይጨምራል፤

2) "ሳይኮትሮፒክ ንጥረ ነገር" ማለት ኢትዮጵያ በተቀበለችው የተባበሩት መንግስታት ድርጅት የሣይኮትሮፒክ ንጥረ ነገር ቁጥጥር ስምምነት መሰረት አለም አቀፍ ቁጥጥር የሚደረግበት መድኃኒት ሲሆን ባለስልጣኑ ሣይኮትሮፒክ ንጥረ ነገር ብሎ የሚሰይመውንም ይጨምራል፤

3) "ማዘዣ ወረቀት" ማለት ፍቃድ ባለው የሕክምና ባለሙያ ተፅፎ ለህሙማን የሚሰጥ ማንኛውም የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ዕድላ ማዘዣ ወረቀት ነው፤

4) "ባለስልጣን" ማለት የኢትዮጵያ የምግብ፣ የመድኃኒትና ጤና ክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ማለት ነው፤

5) "የጤና ተቋም" ማለት የጤና ማበልጸግ፣ የበሽታ መከላከል፣ ማከምና መልሶማቋቋም ሥራዎችን ወይም የመድኃኒት ንግድ ሥራን ወይም አገልግሎት የሚያከናውን ማንኛውም የመንግሥት፣መንግሥታዊ ያልሆነ ወይም የግል ተቋም ነው፤

6) "የክልል ተቆጣጠሪ አካል" ማለት የምግብ፣ የመድኃኒትና የጤናና ጤና ነክ ቁጥጥር የሚደረግበት ተቋም ተግባራትን በክልል ደረጃ የማከናወን ስልጣን የተሰጠው የክልል መንግስት አካል ወይም በህግ ስልጣን የተሰጠው ሌላ አካል ነው፤

7) "ሰው" ማለት የተፈጥሮ ሰው ወይም በህግ የሰውነት ስልጣን የተሰጠው አካል ነው፤

8) ማንኛውም በወንድ ፆታ የተገለፀው አነጋገር ሴትንም ይጨምራል።

3. አላማ

1) በሁሉም የጤና ተቋም የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አጠቃቀም ተመሳሳይ እንዲሆን በማሰፈለጉ፤

2) የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር አስተዛዘዝ፣ እደላና እግባባዊ አጠቃቀም ማስፈን በማሰፈለጉ፤

3) የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀት ሕትመት፣ ስርጭትና አያያዝ መቆጣጠር በማሰፈለጉ፡፡

4. የተፈፃሚነት ወሰን

ይህ መመሪያ የናርኮቲክ መድኃኒትና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት በሚጠቀሙ በሁሉም የጤና ተቋም ላይ ተፈፃሚ ይሆናል፡፡

ክፍል ሁለት

የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት

5. የናርኮቲክ መድኃኒቶችና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አስፈላጊነት

የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ነጥረ ነገር ለህሙማን መታዘዝ ያለበት አግባብ ባለው የህክምና ባለሙያ ለዚሁ ተብሎ በተዘጋጀው የተለየ ማዘዣ ወረቀት ብቻ ነው፡፡

6. የማዘዣ ወረቀት ስለማሳተም

1) ባለስልጣኑ ዓለም አቀፋዊ መስፈርትን የሚያሟሉ ለቁጥጥር አመቺ የሆኑ የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ያሳትማል፤

2) ከባለስልጣኑ በስተቀር ማንኛውም ድርጅት የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ማሳተም አይችልም፤

3) ባለስልጣኑ አገልግሎቱ ቀጣይነት እንዲኖረው የመጠባበቂያ ክምችት በመያዝ በየጊዜው ያሳትማል፤

4) የማዘዣ ወረቀቶቹ በሚታተሙበት ጊዜ ተከታታይነት ለመጠበቅ ቀደም ሲል ከቆመበት ሴሪ ቁጥር እንዲቀጥል መደረግ አለበት፡፡

7. የማዘዣ ወረቀት ስለ ማከፋፈል

1) የመድኃኒት ፈንድና አቅርቦት ኤጀንሲ የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ከባለስልጣኑ ተቀብሎ በቂ ክምችት በመያዝ ለጤና ተቋማት ያከፋፍላል፤

2) የመድኃኒት ፈንድና አቅርቦት ኤጀንሲ የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት መሸጥ የሚችለው ከባለስልጣኑ ወይም ከክልል ተቆጣጣሪ አካል ከቅጽ NPS/13/A ጋር በማያያዝ የግዢ ፈቃድ ሲቀርብለት ብቻ ነው፤

3) የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀት መረጃ የተያዘባቸውን መዝገቦች የተለየ ቁልፍ ባለው ክፍል መያዝ አለበት፡፡ ቁልፉም በድርጅቱ የቴክኒክ ኃላፊ እጅ መያዝ አለበት፤

4) የመድሃኒት ፈንድና አቅርቦት ኤጀንሲ ስላከፋፈላቸው የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ብዛት፣ ዓይነትና ሴሪ ቁጥር በየሩብ ዓመቱ በቅጽ NPS/05 ለባለስልጣኑ ሪፖርት መላክ አለበት፡፡

8. የማዘዣ ወረቀት የግዢ ፈቃድ አገልግሎት ስለ መጠየቅ

1) ማንኛውም በባለስልጣኑ ቁጥጥር የሚደረግበት የጤና ተቋም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት መግዛት የሚችለው ለባለስልጣኑ አቀርቦ የግዢ ጥያቄ ሲፈቀድለት ብቻ ነው፤

2) ማንኛውም በክልል ተቆጣጣሪ አካል ቁጥጥር የሚደረግበት ጤና ተቋም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት መግዛት የሚችለው ለክልል ተቆጣጣሪ አካል አቅርቦ የግዢ ጥያቄ ሲፈቀድለት ብቻ ነው፤

3) ማዘዣ ወረቀት ለመግዛት የተቀፈደለት ተቋም ለመግዛት ጥያቄ በሚያቀርብበት ወቅት የግዢ ፈቃድ በቅጽ NPS/13/A ለመድሃኒት ፈንድና አቅርቦት ኤጀንሲ መላክ አለበት፤

4) ባለስልጣኑ ወይም የክልል ተቆጣጣሪ አካል የሚቀርብለትን የመጠየቂያ ቅጽ መሰረት ጠያቂዉ ጤና ተቋም ከሚሰጠው አገልግሎትና ደረጃ ለመያዝ ከተፈቀደለት የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ዓይነታቸው ጋር

በማገናዘብ የማዘዣ ወረቀት የመግዣ ፍቃድ ለመድኃኒት ፈንድና አቅርቦት ኤጀንሲ ይልካል።

9. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አጠቃቀም

1) የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር በማዘዣ ወረቀት በሚፃፍበት ጊዜ ከዚህ በታች የተዘረዘሩትን መያዝ አለበት፡-

    ሀ) የታካሚው ሙሉ ስም፣ጸታ፣ዕድሜ፣አድራሻ፣ካርድቁጥር፣የበሽታው ዓይነት ወይም ዓለም አቀፍ መለያ ቁጥር፣ የተኛበት ክፍልና የአልጋቁጥርመጻፍ አለበት፤

    ለ) የታዘዘውን መድኃኒት ስም፣ ጥንካሬ፣ የዝግጅት ዓይነት፣መጠንናአወሳሰድ በግልጽ እንደሚነበብ ሆኖ መጻፍ አለበት፤

    ሐ) የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ያዘዘው ባለሙያ ሙሉ ስም፣ የሙያ ምዝገባ ቁጥር፣ የታዘዘበት ቀንና ፊርማ መሞላት አለበት፤

2) የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር በማዘዣ ወረቀቱ ላይ ሲጽፍ ቢሳሳት ወይም ሀሳቡን ቢቀይር የተበላሸውን ማዘዣ ወረቀት አንድ ጊዜ በማጠፍ ከጥራዙ ሳይገነጠል መቀመጥ አለበት፤

3) የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ካዘዘ በኋላ የማዘዣ ወረቀቱ ዋናውን ለታካሚው በመሰጠት ቅጂው ከጥራዙ ጋር መቅረት አለበት፤

4) ማንኛውም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት የሚሰጠው ታካሚው የህክምና ካርዱ ወጥቶለት ከተመረመረና መድኃኒቱ በካርዱ ላይ ከተመዘገበ በኋላ ነው፤

5) ማንኛውም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር የሚያዝ የህክምና ባለሞያ በአንድ ማዘዣ ወረቀት ሊያዝ የሚችለው አንድ መድኃኒት ሆኖ ለተጉዋዳኝ በሽታ ሌላ መድኃኒት ማዘዝ ሲፈልግ እስታንዳርድ የማዘዣ ወረቀት መጠቀም አለበት።

10. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ስለማደል

ማንኛውም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር እንዲይዝ የተፈቀድለት ጤና ተቋም በሚቀርቡለት የናርኮቲክና ሣይኮትሮፒክ መድኃኒት ማዘዣ ወረቀት መድኃኒቱን ማደል የሚችለው፡-

1) በማዘዣ ወረቀቱ ላይ የጤና ተቋሙ ማህተም መኖሩን በማረጋገጥ፤

2) ማዘዣ ወረቀቱ ኮፒ ወይም ፎቶ ኮፒ አለመሆኑንና ስርዝ ድልዝ የሌለበት መሆኑን በማረጋገጥ፤

3) አንድ የናርኮቲክ መድኃኒት በናርኮቲክ መድኃኒት ማዘዣ ወረቀት፣ የሳይኮትሮፒክ ንጥረ ነገር በሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት መታዘዙን በማረጋገጥ፤

4) ከአንድ በላይ የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር በአንድ ማዘዣ ወረቀት አለመታዘዙን በማረጋገጥ፤

5) የማዘዣ ወረቀቱ ሴሪ ቁጥር አለመጥፋቱን በማረጋገጥ፤

6) ማዘዣ ወረቀቱ ከተጻፈበት ጊዜ ጀምሮ አስራ አምስት ቀናት አለማለፉን፤

7) በትክክለኛው ማዘዣ ወረቀት ትክክለኛው መድኃኒት መታዘዙን ካረጋገጠ በኋላ፤

ብቻ ይሆናል።

11. የናርኮቲክ መድኃኒት እና የሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት የሚፈቀድላቸው ጤና ተቋሞች

ተ.ቁ	የአገልግሎት ተቋም አይነት	የማዘዣ ወረቀት አይነት		ምርመራ
		ናርኮቲክ	ሳይኮትሮፒክ	
1	ሆስፒታል	✓	✓	
2	እስፔሻሊቲ ሴንተር	✓	✓	
3	የጤና ጣቢያ	✓	✓	
4	ኪሊኒክ - እስፔሻሊቲ		✓	
	- መካከለኛ		✓	

12. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አያያዝ

1) ለሆስፒታል፣ ለጤና ጣቢያ ወይም ለክሊኒክ አገልግሎት እንዲውሉ የተገዙትንና አገልግሎት የሰጡትን ማዘዣ ወረቀቶች የተለየ ክፍል ወይም ቁምሳጥን ካቢኔት ውስጥ ተቆልፎ በጥንቃቄ መያዝ አለባቸው፡፡ ቁልፉም በኃላፊው ፋርማሲስት ወይም ለዚህ ቦታ በተመደበ ኃላፊው ባለሙያ መያዝ አለበት፤

2) በፋርማሲ ክፍሉ የገቢና ወጪ ሞዴሎችና ሌሎች የሪከርድና ሪፖርት መዛግብት በዚህ አንቀጽ ንዑስ አንቀጽ (1) በተጠቀሰው መሰረት መያዝ አለበት፤

3) ለክፍሎች አገልግሎት እንዲውሉ ወጪ የተደረጉ ማዘዣ ወረቀቶችና የሪከርድ መዛግብት በእያንዳንዱ ክፍል በዚህ አንቀጽ ንዑስ አንቀጽ (1) በተጠቀሰው መሰረት ይያዛል፡፡ ቁልፍም በኃላፊ ነርስ እጅ ወይም ለዚህ ቦታ በተመደበ ኃላፊነት በተሰጠው ባለሙያ እጅ መያዝ አለበት፤

13. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ስርጭት

1) የሆስፒታል፣ የጤና ጣቢያ ወይም የክሊኒክ ፋርማሲ ክፍል የተረከባቸውን ማዘዣ ወረቀቶች በሞዴል 19 ገቢ ካደረገ በኋላ የጤና ድርጅቱ ወይም የፋርማሲ ክፍሉን ማህተም ያትምባቸዋል፤

2) ክፍሎች በኃላፊ ነርሶች ወይም ለነዚህ ክፍሎች በተመደቡ ባለሙያዎች በኩል ጥያቄዎቻቸውን በሞዴል 20 ሞልተው በሚያቀርቡበት ጊዜ ፋርማሲ ክፍሉ በሞዴል 22 ወጪ ያደርጋል፤

3) ከመንግስት ውጭ የሆኑ ጤና ተቋማት የራሳቸውን የገቢና ወጪ ሰነድ ስርዓት በመከተል በዚህ አንቀጽ ንዕስ አንቀጽ (1) እና (2) የተጠቀሱትን የስርጭት ሂደት ተግባራዊ መደረግ አለበት፤

4) ኃላፊ ነርሶች ወይም ለነዚህ ክፍል የተመደቡ ባለሙያዎች በየክፍሎቻቸው ለሚገኙ ሐኪሞች በሥራ ሰዓት በየቀኑ ያድላሉ፡፡ የሥራ ሰዓት በሚየበቃበት ጊዜ ማዘዣ ወረቀቶችን መሰብሰብ አለባቸው፤

5) የፋርማሲ ክፍል የናርኮቲክ መድኃኒት እና የሳይኮትሮፒክ ንጥረ ነገር አገልግሎት የተሰጠባቸው የማዘዣ ወረቀቶች ጥራዝ ተመላሽ ሲደረጉለት በምትካቸው አዲስ ማዘዣ ወረቀቶች ይሰጣል፤

6) ለአንድ ክፍል በአንድ ጊዜ የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀቶች ከእያንዳንዱ አንድ የማዘዣ ወረቀት ጥራዝ ብቻ መሰጠት አለበት ።፡

ክፍል ሦስት

ሪከርድ አያያዝና ሪፖርት አላላክ

14. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀት ሪከርድ አያያዝና ሪፖርት አላላክ

1) ማንኛውም የጤና ተቋም ፋርማሲ ክፍል የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር የማዘዣ ወረቀቶች ለተመላላሽ ሕመምተኞች አገልግሎት ላይ የዋሉትን በቅጽ NPS/19 መሰረት መረጃዎችን መያዝ አለበት፤

2) ማንኛውም በክልል ተቆጣጣሪ አካላት ፈቃድ የተሰጠው ጤና ተቋም ስለተገዙ፣ በጥቅም ላይ ስለዋሉና በክምችት ላይ ስላሉ ማዘዣ ወረቀቶች ከነ ሴሪ ቁጥራቸው በየዓመቱ እስከ ታህሣስ 30 ባለው ጊዜ በቅጽ NPS/18 በመመዝገብ ለክልል ተቆጣጣሪ አካል ይልካለ።፡ የክልል ተቆጣጣሪ አካልም የደረሱትን ሪፖርቶች በማጠናቀር ለባለስልጣኑ በየዓመቱ እስከ ጥር 30 ድረስ ባለ ጊዜ ሪፖርት መላክ አለበት፤

3) ማንኛውም በባለስልጣኑ ፈቃድ የተሰጠው የጤና ተቋም ስለተገዙ፣ በጥቅም ላይ ስለዋሉና በክምችት ላይ ስላሉ ማዘዣ ወረቀቶች ከነ ሴሪ ቁጥራቸው በቅጽ NPS/18 በመመዝገብ ለባለስልጣኑ በየዓመቱ እስከ ታህሣስ 30 ባለ ጊዜ ሪፖርት መላክ አለበት።፡

15. ማንኛውም የጤና ተቋም ማድረግ ስለሚገባው

1) ማንኛውም የጤና ተቋም በሚቀርብለት ማዘዣ ወረቀት አገልግሎት የሚሰጠው በአንቀጽ (10) የተጠቀሱት መረጃዎች መሟላታቸውን ሲያረጋግጥ ይሆናል፤

2) ማንኛውም የጤና ተቋም መድኃኒቱን ካደለ በኋላ አስፈላጊውን መረጃ በቅጽ NPS/19 በመመዝገብ ማዘዣ ወረቀቶችን ለአምስት ዓመት ቁልፍ ባለው ሣጥን መያዝ አለበት።፡ የዚህ መዝገብ ቅጂ ለክልል ተቆጣጣሪ አካል በየዓመቱ ሁለት ጊዜ እስከ ታህሣስ እና ሰኔ 30 ላይ ሪፖርት ያቀርባል።፡ የክልል ተቆጣጣሪ አካልም በየዓመቱ ሁለት ጊዜ እስከ ጥር እና ሐምሌ 30 ድረስ ሪፖርቱን አጠናቅረው ለባለስልጣኑ መላክ አለባቸው፤

3) ማንኛውም የጤና ተቋም በአንድ ማዘዣ ወረቀት ከአንድ ጊዜ በላይ ማደል አይችልም፡፡

ክፍል አራት

ልዩ ልዩ ድንጋጌዎች

16. ስለጠፋ ወይም ስለተሰረቀ የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት

ማንኛውም የጤና ተቋም ጥቅም ላይ ያልዋሉ ማዘዣ ወረቀት መሰረቃቸውን ወይም መጥፋታቸውን ወይም አደጋ ሲደረስበት ቢዘገይ በሚቀጥለው የሥራ ቀን ለባለስልጣን ወይም ለክልል ተቆጣጣሪ አካል ወይም ለአካባቢው ፖሊስ ማሳወቅ አለበት፡፡

17. የናርኮቲክ መድኃኒትና ሣይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት አወጋገድ

ማንኛውም የጤና ተቋም አገልግሎት የተሰጠባቸውን የማዘዣ ወረቀት ለማስወገድ በሚፈለግበት ጊዜ የመጠቀሚያ ጊዜያቸው ያበቃ ወይም የተበላሸ መድኃኒቶችን እንዲያስወግድ ስልጣን ያለው አካል እንዲያስወግድለት መጠየቅ አለበት፡፡

18. የተከለከሉ ተግባራት

1) ማንኛውም የናርኮቲክ መድኃኒት ከናርኮቲክ ማዘዣ ወረቀት ቅጽ NPS/16 ውጪ በሌላ ማዘዣ ወረቀት ማዘዝ፤

2) ማንኛውም የሳይኮትሮፒክ ንጥረ ነገር ከሳይኮትሮፒክ ማዘዣ ወረቀት ቅጽ NPS/17 ዉጪ በሌላ ማዘዣ ወረቀት ማዘዝ፤

3) ማንኛውም ናርኮቲክ መድኃኒት፣ ሳይኮትሮፒክ ነጥረ ነገር በዚሁ አንቀጽ ንዑስ አንቀጽ (1) እና (2) ማዘዣ ወረቀት ውጪ ለሕሙማን ማደል፤

4) የናርኮቲክ መድኃኒት ወይም ሳይኮትሮፒክ ነጥረ ነገር ማዘዣ ወረቀቶችን በመጠቀም በዚህ አንቀጽ ንዑስ አንቀጽ (1) እና (2) ከተጠቀሱት መድኃኒቶች ውጭ ሌላ ዓይነት መድኃኒት ማዘዝ፤

5) በአንድ ማዘዣ ወረቀት ከአንድ የመድኃኒት ዓይነት በላይ ማዘዝ፤

6) ማንኛውም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር ማዘዣ ወረቀት ከተጻፈበት ከአሥራ አምስት ቀን በኋላ ማደል፤

7) ማንኛውም ጤና ተቋም አገልግሎት የሰጠባቸውንና የተበላሸ ማዘዣ ወረቀቶች ራሱ ማስወገድ፤

8) ማንኛውም የናርኮቲክ መድኃኒትና ሳይኮትሮፒክ ንጥረ ነገር እንዲይዝ የተፈቀደለት ባለሙያ ከሚሰራበት ጤና አገልግሎት ተቋም ውጪ ማዘዣ ወረቀቶቹን መጠቀም፡፡

19. የመተባበር ግዴታ

ባለስልጣኑ ይህን መመሪያ ለማስፈፀም እንዲችል ጉዳዩ የሚመለከታቸው ማንኛውም የፌዴራልና የክልል መንግሥት አካላት የመተባበር ግዴታ አለባቸው፡፡

20. ቅጣት

ይህንን መመሪያ ተላልፎ የሚገኝ ማንኛውም ሰው ዘርፉ በሚመራበት ስለምግብ፣መድኃኒትና ጤና ክብካቤ አስተዳደርና ቁጥጥር የወጣ አዋጅ ቁጥር 661/2002 መሰረት በሕግ ይቀጣል፡፡

21. ተፈፃሚነት የማይኖራቸው መመሪያዎች

ከዚህ መመሪያ ጋር የሚቃረን ማንኛውም መመሪያ፣ ሰርኩላር ደብዳቤ ወይም የአሰራር ልምድ በዚህ መመሪያ በተሸፈኑ ጉዳዮች ላይ ተፈፃሚነት አይኖረውም፡፡

22. መመሪያው የሚፀናበት ጊዜ

ይህ መመሪያ ሕዳር 1 2006 ቀን ጀምሮ የጸና ይሆናል፡፡

አቶ የሁሉ ደነቀው

የኢትዮጵያ የምግብ፣ የመድኃኒትና የጤና ክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ዋና ዳይሬክተር

Annex 2

FORM NPS/16

Narcotic Drugs Prescription

No ……..

Name of the patient _____ Age____ Sex____

Address: Region_____ Town _____ Woreda _____

Kebele_____ House No._____ Card No._____

In patient ☐ Out patient ☐

Diagnosis (ICD code No.) _____

Treatment given (Drug name, strength, dosage, dose and duration)
Rx
Prescriber's Dispenser's Full Name _____ _____ Qualification_____ _____ Signature_____ _____ Date_____ _____ *Please see over leaf
REPRODUCTION PROHIBITED

Annex 3

FORM NPS/17

Psychotropic Drugs Prescription

No ……..

Name of the patient _____ Age____ Sex____

Address: Region_____ Town _____ Woreda _____

Kebele_____ House No._____ Card No._____

In patient ☐ Out patient ☐

Diagnosis (ICD code No.) _____

Treatment given (Drug name, strength, dosage, dose and duration)
Rx
Prescriber's Dispenser's Full Name _____ _____ Qualification_____ _____ Signature_____ _____ Date_____ _____ *Please see over leaf
REPRODUCTION PROHIBITED

Annex 4

FORM NPS/05

Quarterly distributed Narcotic Drugs and Psychotropic Substances Prescription report

Name of Reporting Organization _____
Address: Region _____
City/Town _____
P.O. Box _____
Tel. _____
These statistics relates to the _____ quarter of the calendar year _____

S. N.	Purchasing Organization	City	Narcotic prescription		Psychotropic prescription		Remark
			Quantity in pad	Serial no. From… To…	Quantity in pad	Serial no… From… To…	

Annex 7

FORM NPS/18

Annual Report of Narcotic Drug and Psychotropic Substance Prescriptions Movement

Name of reporting Health Institution _____

Address: Region_____ Zone _____ Woreda _____

Town _____ Kebele_____ H. No._____

Type of Prescription	Beginning stock in pad	PURCHASED			CONSUMPTION		BALANCE	
		Quantity in pad	Serial No. From To	Invoice No.	Quantity in pad	Serial No. From… To…	Quantity in pad	Serial No. From… To…

REMARK:-

- This form should be completed and sent every year to the Regional health office or to the Authority.

- Report should be made in the month of January of each year

Annex 8

RECORD OF NARCOTIC DRUG AND PSYCHOTROPIC SUBSTANCE

PRESCRIPTIONS MOVEMENT

FORM NPS/19

Name of reporting Pharmacy/Drug Shop _____

Address: Region_____ Zone _____ Woreda _____

Kebele_____ House No.___ Tel.___ P.O. Box_____

This Report relate to the month____ to _____of the year_____

S.N.	Type of Prescription	Prescription serial No.	Patient		Drug Prescribed		Prescriber's Address	Date of prescription
			Name	Card No	Description	Quantity		

Remarks:-

- This form should be completed and sent twice a year to Zonal Health Department Or Health Bureau
- Reports should be made at the end of June and December of each year.
- Prescribes Address means the health Institution where the prescriber works.

Annex 9

FORM NPS13/A
Ref. No._____

Permit To Purchase Narcotic Drugs and Psychotropic Substances Prescription Papers

In accordance with the regulations for the use of Narcotic drugs and psychotropic substances prescription papers a permit is hereby given to purchase from _____the following prescription papers.

Type of Prescription	Quantity Purchase in pad	Quantity in Stock in pad	Remark
Psychotropic			
Narcotic			

Purchasing institution: _____

Address: _____

Approved by: Sig. and title_____

Date_____

DIRECTIVES TO CONTROL NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES PRESCRIPTION PAPERS

WHEREAS, it is found necessary to have standard, printed and uniform prescription papers for all health institution;

WHEREAS, it is found necessary to prevent the irrational prescribing, dispensing and use of narcotic drugs and psychotropic substances;

WHEREAS, it found necessary to maintain the proper printing, distribution and storage of prescription papers.

WHEREAS, to achieve these ends it is essential to lay down a secured prescription papers control system;

NOW THEREFORE in accordance with the Food, Medicine and Health Care Administration and Control Proclamation No. 661/2009 and the International Narcotic Drugs and Psychotropic Substances Conventions, a Guideline is hereby issued as follows.

1. Short Title

This Directive may be cited as "Directives to Control Narcotic Drugs and Psychotropic Substances Prescription Papers --".

2. Definitions

In this Directives, unless the context provides otherwise;

(1) "Narcotic Drug" shall mean any drug subject to control according to Narcotic Drugs Conventions of the United Nations ratified by Ethiopia. This shall also include a drug that is categorized as narcotic drug by the Food, Medicine and Health Care Administration and Control Authority.

(2) "Psychotropic Substance" shall mean any substance subject to control according to psychotropic substances convention of the United Nations ratified by Ethiopia. This shall also include a substance that is categorized as psychotropic substance by the Food, Medicine and Health Care Administration and Control Authority.

(3) "Prescription Paper" shall mean any order for narcotic drugs or psychotropic substances written and signed by a duly licensed or authorized medical practitioner to prescribe narcotic drug or psychotropic substance. Issued to a patient in order to collect Narcotic drug or psychotropic substance from dispensing unit.

(4) "Authority" shall mean Food, Medicine and Health Care Administration and Control Authority

(5) "Health Institution" shall mean any governmental, non-governmental or private institution that carry out promotive, preventive, curative and rehabilitative activities or medicine trade or services;

(6) "Drug Retail out let" shall mean pharmacy, Drug shop, veterinary drug shop, rural drug vendor or veterinary rural drug vendor issued certificate of competence by the regional health bureau for retail sale to human and/or veterinary drug.

(7) "Appropriate organ" means, as the case may be, the Food, Medicine, Healthcare Administration and Control Authority or a regional government organ authorized to implement food, medicine and controllable health related institution administration and control activities at a region level or other organ authorized by law.

3. Executive Body

The Authority, Branch offices of the authority Regional Health Bureaus shall be delegated to execute the Provisions of this Guideline.

4. The Need for Narcotic drugs and Psychotropic Substances Prescription Papers

(1) In any Health Institution Narcotic drugs and Psychotropic Substances shall be prescribed using only special prescription paper meant for such drugs.

(2) Any Narcotic drug or Psychotropic Substance shall only be dispensed in accordance with Narcotic drug or psychotropic substance prescription properly written duly signed by an authorized medical practitioner.

5. Printing of the Prescription Papers

(1) No institution shall print the prescription papers except the Authority.

(2) The Authority shall print prescription papers centrally which shall meet international standards and easy for control. (See Annex-2 and 3)

(3) The Authority shall keep safety stock and print new ones whenever necessary in order to ensure the continuity of the Service.

(4) The serial number of the newly printed prescription papers shall be continued from where the last one has stopped.

6. Use of Prescription Papers in Distribution Agencies

(1) Pharmaceutical fund and supply agency shall collect the prescriptions from the Authority, store optimum stocks and distribute for health institutions administratively under regional health bureaus.

(2) The central branch of Pharmaceutical fund and supply agency shall store optimum stocks of the prescriptions and distribute for governmental, Non-governmental and private health institutions of Addis Ababa city under the Addis Ababa health bureau.

(3) Any distribution agency authorized to handle the prescriptions shall sell the prescriptions if and only if the applicant present his/her requisition filled in form NPS/13/A attached with supporting letter from the regional health bureaus.

(5) Every Distribution Agency shall store prescription papers and recording documents, the same way like narcotic drugs and psychotropic substances, in a strong locked cupboard or in a special room the key to which shall at all times remain in the possession of the technical head of the Agency.

(4) Every Distribution Agency shall send reports about the type, quantity and serial number of distributed prescription papers at the end of every quarter on Form NPS/05 to Food, Medicine and Health Care Administration and Control Authority.

7. Use of Prescription Papers in Regional Health Bureaus and District Health Departments

The Regional Health Bureau shall.

(1) Issue a supporting letter along with Form NPS/13/A to a health institution requesting purchase of prescription papers and shall send to the concerned Distribution Agency.

(2) Check the storage conditions of prescription papers and recording documents in every health institutions and drug retail outlets which are found under its supervision..

(3) Send reports of the quantity received, distributed, quantity in stock and serial number of prescription papers at the end of January, every year, on Form NPS/18 to the Authority.

8. Purchase of Prescription Papers

(1) Any health institution authorized to handle prescription papers shall not purchase prescription papers from different distribution agencies except from one specified nearby distribution agency.

(2) Any Federal Health Institution under Ministry of Health, Governmental, and Non-governmental and private health institution found in Addis Ababa City shall purchase prescription papers upon authorization by Addis Ababa health bureau in response to the purchase requisition.

(3) Any Governmental, Non-governmental and private health institutions under regional health bureaus shall purchase prescription papers upon authorization by the Regional health bureau in response to the purchase requisition.

(4) The regional health bureaus shall issue prescription purchase permit and send to a distributing agency on the basis of the standard of service rendered and the type of narcotic drugs or psychotropic substances handled by the requesting institution.

9. Use of Prescription Papers in Health Institutions

(1) Prohibition

(a) Prescribing narcotic drug on ordinary prescription other than narcotic drug prescription (Form NPS/16).

(b) Prescribing psychotropic substance on ordinary prescription other than psychotropic substance prescription (form NPS/17).

(c) Dispensing Narcotic drug or psychotropic substance with ordinary prescriptions other than those mentioned in this Article sub article 1(a) and a(b)

(d) Using Narcotic drug or psychotropic substance prescription to prescribe drugs other than those mentioned in this Article sub article 1(a) and 1 (b).

(e) Prescribing more than one type of drug in a single prescription paper.

(f) Dispensing a prescription containing narcotic drug or psychotropic substance after the elapsing of fifteen days as from the date on which it was issued.

(g) Disposing used/filed prescription papers by its own.

(h) Using the Narcotic drug or psychotropic substance prescriptions by a professional licensed to prescribe narcotic drug or psychotropic substance other than in the health institution he/she is working.

(i) Narcotic and psychotropic drugs cannot be prescribed on repeat prescriptions or under repeat dispensing schemes

(2) Use of Prescription papers

Any medical practitioner authorized/licensed to prescribe Narcotic drug or psychotropic substance shall: -

(a) Write, the under mentioned requirements, at all times of prescribing.

- The patient's full information; full name, sex, age, address, card no, diagnosis (ICD Code no), in patient room number and bed number.
- The name, strength, dosage form, quantity and direction for use of the drug prescribed shall be written clearly.
- His/her name, qualification, registration number, date prescribed and signature of the prescriber.

(b) Fold wrongly written prescription paper and leave it intact with the pad.

(b) Give the original copy of the prescription to the patient and keep the second copy within the pad.

(d) Give prescription paper after the patient issue medical card, diagnosed and the drugs are recorded on the card.

(3) Dispensing of Narcotic drug or psychotropic substance (Filling of the Prescription).

Any health institution and drug retail outlets authorized to handle Narcotic drugs and/or psychotropic substances shall fill a prescription if:

(a) The information mentioned in this sub article 2(1a) are fulfilled and the seal of a health institution is stamped.

(b) The prescription is not a copy or photocopy and in deleted

(c) A narcotic drug or psychotropic substance is prescribed on its own prescription paper.

(d) Not more than one type of narcotic drug or psychotropic substance is prescribed in a single prescription paper.

(e) The serial number of the prescription paper is not deleted.

(f) Fifteen days have not elapsed since the date on which it was issued.

(g) The right drug is prescribed in the right prescription paper.

(h) write your qualification, date dispensed and signature of the dispensers

(4) Storage

(a) Prescription papers purchased by a hospital, health center or health station and used Prescription papers shall be stored in a strong locked cupboard or in a special room the key to which shall at all times remain in the possession of the pharmacist or authorized professional.

(b) The pharmacy section shall keep receipt and issue models; record and report books in accordance to sub article 4(a).

(c) Every ward shall keep prescription papers and record books in accordance to sub article 4(a) the key to which shall at all times remain in the possession of the head nurse or authorized professional.

(d) Used prescription papers should be kept for five years.

5. Distribution

(a) Hospital, health center or health station pharmacy section shall register receipt of Prescription papers on model 19 and shall put the seal of the health institution or pharmacy section on each prescription paper.

(b) The pharmacy section shall issue and register on model 22 for the requisition forwarded in model 20 by ward head nurses or authorized professional.

(c) Non-governmental health institution shall follow their own system of receiving and issuing (distribution) to perform the conditions mentioned under sub article 4(a) and 4(b).

(d) Head nurses or authorized professionals shall distribute the prescription pads to prescribe, in their respective section, daily and shall collect them at the end of working hours.

(e) The pharmacy section shall receive used prescription papers and shall issue on used ones in return.

(f) One prescription pad from each type shall be issued at a time for every section.

(6) Records and Reports

(a) Every pharmacy section of a health institution shall keep records of:

1. Prescription papers filled for outpatients on Form NPS/09/A and Form NPS/09/B;
2. Prescription papers delivered to sections.

(b) Every Health Institution shall send reports of purchased, used and quantity in stock of prescription papers at the end of December 31, every year, On Forms NPS/18 to Authority or Regional Health Bureaus.

(c) The Regional Health Bureau shall compile the reports of all health institutions under it and send the summary of the reports up to January 31, every year, to the Authority.

(d) The federal health institution under ministry of health shall send their report up to December 31, every year, directly to the authority.

Nongovernmental health institution shall keep records in accordance to the conditions mentioned above in 6(a), and if they are under regional health bureau or in Addis Ababa city shall send their report up to December 31, every year, to the regional health bureau and

10. Instructions to be followed by Drug Retail Outlets

(e) Food, Medicine and Health Care Administration And control authority respectively.

(1) Any drug retail outlet shall fill a prescription paper if the information mentioned in Article 9 sub article 3 is fulfilled.

(2) Every drug retail outlet shall register the necessary information on form NPS/19 and keeps the prescription papers in a locked cupboard for five years. The drug retail outlets shall send their reports up to December 31 and June 30, twice a year, to Regional Health Bureaus. The Regional Health Bureaus shall compile the reports of all drug retail outlets under it and shall send up to January 31 and July 31, twice a year, to the Authority.

(3) Every health institution shall inform the Authority, Regional health bureaus, the nearby health institution or Police Department about individuals or professionals who try to use the missing prescription papers from health institution on the next working day.

(4) No drug retail outlet shall refill a prescription paper.

(5) Every drug retail outlet shall write the name of the dispenser, signature and the date of dispensing for each filled prescription paper after dispensing a drug to a patient

11. Lost or Stolen Prescription Papers

Any drug retail outlet shall inform the Authority or respective regional health bureau or the nearby Police Department about the stolen or lost unused prescription papers on the next working day.

12. Disposal

Every drug retail outlet and health institution shall request the institution in charge of disposing expired or damaged drugs for the disposal of used prescription papers.

13. Penalty

Any person or institution that fails to comply with this Guideline shall be punishable by law in accordance with proclamation no. 661/2009.

ANNEX 1

Health Institutions Authorized to handle Narcotic drug or Psychotropic prescription.

Se.No	Type of Health institution	Type of prescription		Remark
		narcotic	psychotropic	
1	Hospital	✓	✓	
2	Health center	✓	✓	
3	Clinic			
	• Higher		✓	
	• Medium		✓	

Annex 2

FORM NPS/01/A

Quarterly Statistics of Imports of Narcotic Drugs

Name of Reporting Organization _____

Address: Region _____ City/Town _____

P.O. Box _____ Tel. _____

These statistics relates to the _____ quarter of the calendar year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	Quantity				Stock at the end of the quarter	Import Permit/ No.	Remark
				At the Beginning of the Quarter	Imported	Locally Purchased	Distributed			

Remark:-Report on the following Narcotic drugs is required quarterly

1. Codeine Phosphate
2. Morphine
3. Methadone
4. Fentanyl
5. Pethidine
6. Others if present

Annex 3

FORM NPS/01/B

Quarterly Statistics of imports of
Psychotropic substances
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel. _____
These statistics relates to the _____ quarter of the calendar year _____

Ser. No.	Psychotropic Substances/ Drugs	Dosage Form	Strength	Quantity				Stock at the end of the quarter	Import Permit/ No.	Remark
				At the Beginning of the Quarter	Imported	Locally Purchased	Distributed			

Remark: - Report on the following psychotropic drugs is required quarterly

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Midazolam
8. Pentobarbitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs containing controlled psychotropic substances

Annex 4

FORM NPS/02/A

Quarterly Statistics of Exports of Narcotic Drugs
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel. _____
These statistics relates to the _____ quarter of the calendar year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	Quantity				Stock at the end of the quarter	export Permit/ No.	Remark
				At the Beginning of the Quarter	Exported	Manufactured	Distributed			

Remark:-Report on the following Narcotic drugs is required quarterly

1. Codeine Phosphate
2. Morphine
3. Methadone
4. Fentanyl
5. Pethidine
6. Others if present

Annex 5

FORM NPS/02/B

Quarterly Statistics of Exports of
Psychotropic substances
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel. _____
These statistics relates to the _____ quarter of the calendar year _____

Ser. No.	Psychotropic Substances/ Drugs	Dosage Form	Strength	Quantity				Stock at the end of the quarter	Export Permit/ No.	Remark
				At the Beginning of the Quarter	Exported	Manufactured	Distributed			

Remark: - Report on the following psychotropic drugs is required quarterly

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Midazolam
8. Pentobarbitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs containing controlled psychotropic substances

Annex 6

FORM NPS/03/A

Quarterly Statistics of distributed
Narcotic Drugs
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel _____
These statistics relates to the calendar year _____Quarter of the calendar of the year

Ser. No	Narcotic Drugs	Strength	Dosage form	Date of Issue	Issued to	Quantity Issued	Issuing/ transfer Voucher No.	Remark

Remark: - Report on the following Narcotic Drugs is required quarterly.

1. Codeine Phosphate
2. Morphine
3. Methadone
4. Fentanyl
5. Pethidine
6. Others if present

Annex 7

FORM NPS/03/B

Quarterly Statistics of distributed
Psychotropic Substances
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel _____
These statistics relates to the calendar year _____Quarter of the calendar of the year _____

Ser. No	Psychotropic substances	Strength	Dosage form	Date of Issue	Issued to	Quantity Issued	Issuing/ transfer Voucher No.	Remark

Remark: - Report on the following Psychotropic Substances is required quarterly

1. Alprazolam
2. Chlordiazepoxide
3. Diazepam
4. Medazepam
5. Oxazepam
6. Midazolam
7. Pentazocine
8. Pentobarbitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs Containing controlled

Annex 8

Form NPS/02/D

Annual Statistics of Psychotropic and Narcotic
Raw Materials
Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel. _____
These statistics relates to the calendar of the year _____

Ser. No.	Description of the raw materials	Type of raw materia	Unit	Balance at the beginning of the year	Quantity		Stock at the end of the quarter	Import permit no.	Issuing / transfer voucher no.	Remark
					Imported	Consumed /Issued				

Remark: - Report on all controlled Narcotic and Psychotropic Raw Materials is required quarterly

Annex 9

FORM NPS/01/D

Quarterly Statistics of Manufactured Narcotic Drugs

Name of Reporting Organization _____
Address: Region _____ City/Town _____
P.O. Box _____ Tel. _____
These statistics relates to the _____ quarter of the calendar year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	unit	Quantity			Stock at the end of the quarter	Import Permit/ No.	Remark
					At the Beginning of the Quarter	manufactured	Distributed			

Remark: -Report of the following Narcotic Drugs is required quarterly

1. Codeine Phosphate
2. Morphine
3. Methadone
4. Fentanyl
5. Pethidine
6. Others if present

Annex 10

Form NPS/01/E

Quarterly Statistics of Manufactured Psychotropic Substances

Name of Reporting Organization _____

Address: Region _____ City/Town _____

P.O. Box _____ Tel. _____

These statistics Relates to the _____ quarter of the calendar year ___

Ser. No.	Psychotropic substance	Dosage Form	Strength	unit	Quantity			Stock at the end of the quarter	Import Permit/ No.	Remark
					At the Beginning of the Quarter	manufactured	Distributed			

Remark:-Report of the following psychotropic substances is required quarterly

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Midazolam
8. Pentobarbitone
9. Phenobrabitone
10. Temazepam
11. Other combination drugs containing controlled psychotropic substances

Annex 11

FORM NPS/08/A

Date_____

DISPENSED AND ADMINISTRED NARCOTIC DRUGS RECORD IN HEALTH INSTITUTION

Name of Health Institution: _____
Serial No. _____
Description of Drug _____ Quantity Issued _____
Ward/Department _____
Chief pharmacist: Name _____ Signature _____
Head Nurse: Name _____ Signature _____

FORM NPS/08/A

Date _____
Name of Health Institution: _____
Serial No. _____
The following is an accurate record of _____
Total quantity _____ each used in ward Department _____
Please fill the following record clearly and neatly.

Date	Hour	Name of patient	Bed No.	Chart No.	Nurse	Dose

Ward physician: Name _____ Signature _____

Ward Head Nurse: Name _____ Signature _____

Annex 12

FORM NPS/08/B

Date_____

DISPENSED AND ADMINISTRED PSYCHOTROPIC SUBSTANCE RECORD IN HEALTH INSTITUTION

Name of Health Institution: _____
Serial No. _____
Description of Drug _____ Quantity Issued _____
Ward/Department _____
Chief pharmacist: Name _____ Signature _____
Head Nurse: Name _____ Signature _____

FORM NPS/08/B
Date _____
Name of Health Institution: _____
Serial No. _____
The following is an accurate record of _____
Total quantity _____ each used in ward Department _____
Please fill the following record clearly and neatly.

Date	Hour	Name of patient	Bed No.	Chart No.	Nurse	Dose

Ward physician: Name _____ Signature _____

Ward Head Nurse: Name _____ Signature _____

Annex 13

FORM NPS/09/A

Record of Dispensed Narcotic Drugs in Dispensary Pharmacy of Health Institution

Name of Health Institution _____

Address _____

Serial No. _____

S.No	Date	Name of patient	Age	Sex	Address	Description of drug	Quantity dispensed	Name of prescriber	Prescription serial No

Remark: Record on the following Psychotropic Drugs is required

A. Morphine HCl B. Codeine Phosphate

C. PethidineHCl D. Fentanyl

E. Methadone F. Other controlled substances if present

Annex 14

FORM NPS/09/B

Record of Dispensed Psychotropic Drugs in Dispensary Pharmacy of Health Institution

Name of Health Institution _____
Address _____
Serial No. _____

S.No	Date	Name of patient	Age	Sex	Address	Description of drug	Quantity dispensed	Name of prescriber	Prescription serial No

Remark: Record on the following Psychotropic Drugs is required

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Midazolam
8. Pentobarbitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs containing controlled psychotropic substances

Annex 15

Form NPS/04/A

Annual Statistics of Narcotic Drugs

Name of Reporting Organization _____

Address: Region _____ City/Town _____

P.O. Box _____ Tel. _____

These statistics relates to the calendar of the year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	Quantity				Stock at the end of the year	Remark
				At the Beginning of the Year	Imported	Locally Purchased	Distributed /consumption during the year		

Remark: -Report on all controlled the following Narcotic Drugs isrequired annually

1. Codeine Phosphate
2. Morphine
3. Methadone
4. Fentanyl
5. Pethidine
6. Others is present

Annex 16

Form NPS/04/B

Annual Statistics of Psychotropic Substances

Name of Reporting Organization _____

Address: Region _____ City/Town _____

P.O. Box _____ Tel. _____

These statistics relates to the calendar of the year _____

Ser. No.	Psychotropic Substances	Dosage Form	Strength	Quantity				Stock at the end of the year	Remark
				At the Beginning of the year	Imported	Locally Purchased	Distributed /consumption during the year		

Remark:-Report on all controlled the following Psychotropic Drugs is required annually

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Pentazocine
8. Pentobrabitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs containing controlled

Annex 17

Form NPS/03/D

Annual Statistics of Raw Materials

Name of Reporting Organization _____

Address: Region _____ City/Town _____

P.O. Box _____ Tel _____

Ser. No.	Narcotic or Psychotropic raw materials	Type of raw materia	Unit	Balance at the beginning of the year	Quantity		Balance at the end of the year	Remark
					Imported	Consumption during the year		

Remark: -Report on all controlled Narcotic and Psychotropic substance raw materials is required annually

Annex 18

FORM NPS/15/A

Annual Report of Narcotic Drugs

Name of Reporting Health institution _____

Address: Region _____ City/Town _____

P.O Box _____ Tel. _____

These statistics Relates to the calendar year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	Balance at the Beginning of the Year	Quantity purchased during the year	Purchased from	consumption during the year	balance at the end of the year	Remark

Remark: -Report on the following Psychotropic Drug is required annually at the end of December.

1. Morphine
2. Codeine Phosphate
3. Pethidine Hcl
4. Methadone Hcl
5. Fentanyl
6. Others is present

Annex 19

FORM NPS/15/B

Annual Report of Psychotropic Substances

Name of Reporting Health Institution _____

Address: Region _____City/Town _____

P.O. Box _____ Tel. _____

These statistics Relates to the calendar year _____

Ser. No.	Psychotropic substance	Dosage Form	Strength	Balance at the Beginning of the Year	Quantity purchased during the year	Purchased from	consumption during the year	balance at the end of the year	Remark

Remark:-Report on the following Psychotropic Drug is required annually at the end of December.

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Pentazocine
8. Pentobrabitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugs containing controlled

Annex 20

FORM NPS/16/A

Annual Report of Narcotic Drugs

Name of Reporting Region _____

Address: _____ City/Town _____

P.O. Box _____ Tel. _____

These statistics Relates to the calendar year _____

Ser. No.	Narcotic Drug	Dosage Form	Strength	Balance at the Beginning of the Year	Quantity purchased during the year	consumption during the year	balance at the end of the year	Remark

Remark:-Report on the following Psychotropic Drug is required annually at the end of December.

1. Morphine
2. Codeine Phosphate
3. PethidineHcl
4. Methadone Hcl
5. Fentanyl
6. Others is present

Annex 21

FORM NPS/16/B

Annual Report of Psychotropic Substances

Name of Reporting Region _____

Address: _____City/Town _____

P.O. Box _____ Tel. _____

These statistics Relates to the calendar year _____

Ser. No.	Psychotropic substance	Dosage Form	Strength	Balance at the Beginning of the Year	Quantity purchased during the year	consumption during the year	balance at the end of the year	Remark

Remark:-Report on the following Psychotropic Drug is required annually at the end of December.

1. Alprazolam
2. Chlordiazepoxide
3. Clonazepam
4. Diazepam
5. Medazepam
6. Oxazepam
7. Pentazocine
8. Pentobrabitone
9. Phenobarbitone
10. Temazepam
11. Other combination drugscontaining controlled

Annex 22

Form NPS/14

Ref. No _____
Date _____

Disposal Certificate of Expired/unfit for use Narcotic drugs, psychotropic Substances or precursor chemicals

We here by certify that Narcotic drug(s), psychotropic substance(s) or precursor chemicals enumerated /imported/ stocked in _____ have been destroyed under the direct supervision of inspector(s) of the _____ on

S.No	discription	Unit	quantity	Batch no	Expiry date	MFD	manufacturers	Country of origin	remark

Inspectors Signature Date Signature of authorized person

1. _____ _____ _____ _____
2. _____ _____
3. _____ _____ _____

Note: -One copy of this verbal is sent to Food, Medicine and Healthcare administration and Control Authority

Original _____
2nd copy _____
3rd copy _____